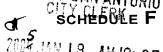
1-800-325-8506

Austin, Texas 78711-2070

LOANS		RECEIVED CITY OF SAN ANTONIC CITY CLERK	SCHEDULE E
The Instruction Guid	DE explains how to complete this form.	ZOOS JAN 18 A D: O	dule E:
2 FILER NAME	Phil Hardberger	3 ACCOUNT # (Etr	nics Commission filers)
4 TOTA	L OF UNITEMIZED LOANS:	+ + + + + +	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
07.02.04	Phil Hardberger		300,000.00
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y No	319 W. Hollywood; San Anton	nio, TX 78212	1% annual 11 Maturity date 07.01.07
12 Principal occupatio	 n / Job title (See Instructions) Retired State Judge	13 Employer (See Instructions) N/A	1
14 Description of Collate	eral		
15 GUARANTOR INFORMATION	16 Name of guarantor		18 Amount Guaranteed (\$)
X not applicable	17 Guarantor address; City; State;	Zip Code	
19 Principal Occupation		20 Employer	
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate
Y N			Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions)	1
Description of Collar	teral		
GUARANTOR INFORMATION	Name of guarantor	The second secon	Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code	
Principal Occupation		Employer	
If lender is		IES OF THIS FORM AS NEEDED	equirements.

(512) 463-5800 1-800-325-8506 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission SCHEDULE F POLITICAL EXPENDITURES Total pages Schedule F: The Instruction Guide explains how to complete this form. 48 ACCOUNT # (Ethics Commission 2 FILER NAME Phil Hardberger Amount... Date 5 Payee name (\$) Ampco System Parking 07.01.04 37.76 6 Payee address; City; State; Zip Code 112 E. Pecan, Box 8; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Office sought Office held Candidate / Officeholder name Campaign staff parking -July Date Payee name Amount (\$) Milam Building 07.01.04 479.89 Payee address; City; State; Zip Code 115 E. Travis, Ste. 301; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Office sought Office held Candidate / Officeholder name Office rent - July '04 Payee name Amount Date (\$) Ampco System Parking 07.01.04 151.04 Payee address; City; State; Zip Code 112 E. Pecan, Box 8; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name Office held Campaign Staff parking -July Date Payee name Amount The Barn Door Restaurant 07.01.04 City; State; Zip Code 1,009.41 Payee address: 8400 N. New Braunfels; San Antonio, TX 78209 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office sought Office held campaign breakfast

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



				AM 10: 05
The Instr	CUCTION GUIDE explains how to complete this form.		1 Total pages	Schedule F:
2 FILER	IAME Phil Hardberger		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
	04 Brooke Haley			(\$)
07.02				49.20
	6 Payee address; City; State; Zip Code			17.20
	602 Many Oaks; San Antonio, TX 78	3232		
8 Purpose required.	of payment (See instructions regarding type of information	9 •• Complete if direction Candidate / Officeholder no	•	to benefit C/OH •• Office sought Office held
		Carrata at a financial at the	umo	
	Reimburse parking expenses			
Date	Payee name			Amount
	Pico de Gallo Restaurant			(\$)
07.03	.04			636.71
		_		
	111 S. Leona; San Antonio, TX 7820	07		
			J	
Purpose required.	of payment (See instructions regarding type of information	 Complete if dir Candidate / Officeholder n 		to benefit C/OH •• Office sought Office held
	campaign breakfast			
Date	Payee name			Amount
	C & E Communications			(\$)
07.02	.04 Payee address; City; State; Zip Code			1,000.00
	906 E. 5th St., Ste. 209; Austin, TX	78702		
	700 E. 3th St., Stc. 207, Austin, 174	70702		
Purnose	of payment (See instructions regarding type of information	0	not overed the	to bogofit C/OH
required.	· · · · · · · · · · · · · · · · · · ·	•• Complete if dir Candidate / Officeholder n	*	to benefit C/OH •• Office sought Office held
	Design work			
Date	Payee name			Amount (\$)
07.06	Joan Kearl			
07.00	Payee address; City; State; Zip Code			740.00
	1702 Talcott Dr.; San Antonio, TX	78232		
1	,			
	of payment (See instructions regarding type of information	•• Complete if dir	ect expenditure	to benefit C/OH ••
required.		Candidate / Officeholder n		Office sought Office held
	Consulting work			
				* ****
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

POLITIC	CAL EXPENDITURES	CITY CLERK		SCHEDULE F
The Instruction	GUIDE explains how to complete this form.	<u> </u>	1 Total pages	Schedule F:
2 FILER NAME	Phil Hardberger		3 ACCOUNT#	# (Ethics Commission filers)
4 Date 07.06.04	5 Payee name Mark Weiss 6 Payee address; City; State; Zip Code 13211 N. Hunters Circle; San Antoni	o, TX 78230		7 Amount (\$) 25.20
required.)	ment (See instructions regarding type of information mburse parking/mileage	9 ··· Complete if dir Candidate / Officeholder n		o benefit C/OH •• Office sought Office held
Date 07.06.04	Payee name Office Depot Payee address; City; State; Zip Code 3713 Colony Dr.; San Antonio, TX	78230		Amount (\$) 255.01
Purpose of pay required.)	ment (See instructions regarding type of information Office supplies	•• Complete if dir Candidate / Officeholder n	•	o benefit C/OH •• Office sought Office held
Date 07.07.04	Payee name Allegra Printing & Imaging Payee address; City; State; Zip Code 338 Breesport; San Antonio, TX 78	216		Amount (\$) 206.60
Purpose of pay required.)	ment (See instructions regarding type of information 400 card inserts	•• Complete if dir Candidate / Officeholder n		o benefit C/OH •• Office sought Office held
Date 07.07.04	Payee name GTO Advertising Payee address; City; State; Zip Code 3707 N. St. Mary's, Ste. 111; San Ar	ntonio, TX 78212		Amount (\$) 3,271.00
required.)	ment (See instructions regarding type of information nal services for campaign event	•• Complete if dir Candidate / Officeholder n		o benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

POLITICAL EXPENDITURES SCHEDULE F JAN 18 AM 10: 05 Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Phil Hardberger 5 Payee name 4 Date **Amount** (\$) Richard Garza 07.08.04 21.10 6 Payee address; City; State; Zip Code 321 E. Melrose #C; San Antonio, TX 78212 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office sought Office held Reimburse parking/mileage Date Payee name Amount Southwestern Bell Corporation 07.14.04 74.90 City; State; Zip Code Payee address; PO Box 630047; Dallas, TX 75263 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office sought Office held telephone service Date Payee name Amount (\$) Angela Martinez 07.14.04 70.00 Payee address; City; State; Zip Code 1111 S. St. Mary's; San Antonio, TX 78210 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held website set up Payee name Date **Amount** Money Mailer of the Alamo City 07.14.04 636.14 City: State: Zip Code Payee address; 220 Brightwood Place; San Antonio, TX 78209 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought Office held mailing services for 07.01.04 breakfast invitations ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES	CITY CLERK SCHEDULE F
	2004 JAN 18 AM 10: 05
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Phil Hardberger	3 ACCOUNT # (Ethics Commission filers)
TMS Computer Services 6 Payee address; City; State; Zip Code 9650 DataPoint Dr., #113; San Anto	7 Amount (\$) 991.37 onio, TX 78229
Purpose of payment (See instructions regarding type of information required.) computer services	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date O7.16.04 Payee name Cecille Martinez Payee address; City; State; Zip Code PO Box 12162; San Antonio, TX 7	Amount (\$) 475.24 8212
Purpose of payment (See instructions regarding type of information required.) Staff payroll	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date O7.19.04 Payee name Angie Patrick Payee address; City; State; Zip Code 10203 Rafter O Trail; Helotes, TX	716.80
Purpose of payment (See instructions regarding type of information required.) staff payroll	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name
Date Payee name Isabel de la Riva Payee address; City; State; Zip Code 2935 Thousand Oaks, #6-224; San A	Amount (\$) 648.80 Antonio, TX 78247
Purpose of payment (See instructions regarding type of information required.) staff payroll	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES	CITY CLERK SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Phil Hardberger	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name 1BC 6 Payee address; City; State; Zip Code 130 E. Travis; San Antonio, TX 782	7 Amount (\$)
Purpose of payment (See instructions regarding type of information required.) 941 Payroll Tax	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date O7.20.04 TMS Computer Services Payee address; City; State; Zip Code 9650 DataPoint Dr. #113; San Antor	Amount (\$) 102.48 nio, TX 78229
Purpose of payment (See instructions regarding type of information required.) computer services	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name Mark Weiss Payee address; City; State; Zip Code 13211 N. Hunters Circle; San Antor	Amount (\$) 16.50 nio, TX 78230
Purpose of payment (See instructions regarding type of information required.) Reimburse parking/mileage	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date O7.28.04 Payee name TMS Computer Services Payee address; City; State; Zip Code 9650 DataPoint Dr. #113; San Anto	Amount (\$) 169.71 pnio, TX 78229
Purpose of payment (See instructions regarding type of information required.) computer services	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Phil Hardberger 5 Payee name Date Amount 4 Milam Building 07.29.04 479.89 City; State; Zip Code 6 Payee address; 115 E. Travis, Ste. 100; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name Office sought Office held office rent - August '04 Date Payee name Amount (\$) Ampco System Parking 07.29.04 37.76 Payee address: City; State; Zip Code 112 E. Pecan, Box 8; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held Office sought staff parking - August Payee name Amount Date (\$) Ampco System Parking 07.29.04 151.04 City; State; Zip Code Payee address; 112 E. Pecan, Box 8; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held Staff parking - August Date Payee name Amount (\$) Ampco System Parking 07.29.04 102.48 Payee address; City; State; Zip Code 112 E. Pecan, Box 8; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Office sought Office held Candidate / Officeholder name Staff parking - August ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

P.O. Box 12070

RECEIVED 12) 463-5800 OF SAN ANTONIO OTTY CLERK SC SCHEDULE F

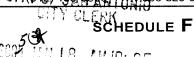
			202 04 18	å\ (0: 0:	<u> </u>
	The Instructio	N GUIDE explains how to complete this form.		1 Total pages	s Schedule F:
2	FILER NAME	Phil Hardberger		3 ACCOUNT	# (Ethics Commission filers)
4	Date	5 Payee name			7 Amount (\$)
	07.29.04	Isabel de la Riva			
	0,12,101	6 Payee address; City; State; Zip Code			648.80
		2935 Thousand Oaks #6-224; San A	ntonio, TX 78247		
8	Purpose of pay	/ment (See instructions regarding type of information	9 Complete if dir	ect expenditure	to benefit C/OH ••
	required.)	staff payroll	Candidate / Officeholder n	•	Office sought Office held
		Staff payron			
-	Date	Payee name			Amount
	07.29.04	Cecille Martinez			(\$)
	07.27.04	Payee address; City; State; Zip Code			473.24
		PO Box 12162; San Antonio, TX 7	78212		
	Purpose of pay required.)	/ment (See instructions regarding type of information	•• Complete if di		to benefit C/OH •• Office sought Office held
		Staff payroll	Candidate / Officeriolder F	arne	Cilide sought Cilide had
	Date	Payee name			Amount
	07.20.04	Joan Kearl			(\$)
	07.30.04	Payee address; City; State; Zip Code			2,900.00
		1702 Talcott Dr.; San Antonio, TX	78232		
	Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dir Candidate / Officeholder r		to benefit C/OH •• Office sought Office held
		Consultation work			
	Date	Payee name			Amount (\$)
	08.02.04	Richard Garza			12.20
		Payee address; City; State; Zip Code			12.20
		321 E. Melrose #C; San Antonio, T	X 78212		
		yment (See instructions regarding type of information			to benefit C/OH ••
	required.)	Reimburse parking/mileage	Candidate / Officeholder r	name	Office sought Office held
	ľ	comourse parking/initeage			
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	FEDED	

POLITIC	CAL EXPENDITURES	CIT	YCLERK	SCHEDULE F
		2005 AN	18 AM 10: 0	05
The Instruction	N GUIDE explains how to complete this form.		1 Total pages S	chedule F:
2 FILER NAME	Phil Hardberger		3 ACCOUNT#	(Ethics Commission filers)
4 Date 08.02.04	5 Payee name Angie Patrick 6 Payee address; City; State; Zip Code 10203 Rafter O Trail; Helotes, TX 780)23		7 Amount (\$) 716.80
8 Purpose of pay required.)	rment (See instructions regarding type of information Staff Payroll	9 •• Complete if di Candidate / Officeholder r	rect expenditure to name O	benefit C/OH •• flice sought Office held
Date 08.02.04	Payee name IBC Payee address; City; State; Zip Code 130 E. Travis; San Antonio, TX 782	205		Amount (\$) 487.99
required.)	rment (See instructions regarding type of information 941 Payroll Tax	•• Complete if di Candidate / Officeholder r	rect expenditure to name O	benefit C/OH •• flice sought Office held
Date 08.04.04	Payee name San Antonio Press, Inc. Payee address; City; State; Zip Code 300 Arbor; San Antonio, TX 78207			Amount (\$) 879.52
required.)	I vment (See instructions regarding type of information terhead; push cards	•• Complete if di Candidate / Officeholder r	rect expenditure to name O	benefit C/OH •• flice sought Office held
Date 08.12.04	Payee name SBC Payee address; City; State; Zip Code PO Box 630047; Dallas, TX 7526	3-0047		Amount (\$) 89.94
Purpose of pay required.)	 vment (See instructions regarding type of information telephone	•• Complete if di Candidate / Officeholder i	irect expenditure to	b benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	IEEDED	

POLITIC	CAL EXPENDITURES	CITY CLER 2004 JAN 18 AM	n 110: 05	SCHED	ULE F
The Instruction	Guide explains how to complete this form.		1 Total pages	s Schedule F:	
2 FILER NAME	Phil Hardberger		3 ACCOUNT	# (Ethics Commission f	ilers)
4 Date 08.12.04	McCall & Associates 6 Payee address; City; State; Zip Code 1617 E. Commerce, Ste. 6101; San	Antonio, TX 78205		7 Amou (\$) 750.6	
required.)	nent (See instructions regarding type of information omotional services for campaign event	9 ·· Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought	Office held
Date 08.13.04	Payee name Cecille Martinez Payee address; City; State; Zip Code PO Box 12162; San Antonio, TX 78	8212		Amou (\$) 475.	
required.)	nent (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		to benefit C/OH ··· Office sought	Office held
Date 08.13.04	Payee name Richard Garza Payee address; City; State; Zip Code 321 E. Melrose #C; San Antonio, TX	78212		Amoui (\$) 11.00	nt
required.)	nent (See instructions regarding type of information Reimburse parking	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
Date 08.16.04	Payee name Angie Patrick Payee address; City; State; Zip Code 10203 Rafter O Trail; Helotes, TX 780	023		Amour (\$) 720.80	
required.)	nent (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH ·· Office sought	Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED		

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 **POLITICAL EXPENDITURES** SCHEDULE F The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Phil Hardberger Date 5 Payee name Amount (\$) GTO Advertising 08.17.04 1,184.40 6 Payee address; City; State; Zip Code 3707 N. St. Mary's, Ste. 111; San Antonio, TX 78212 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office held Promotional services Date Payee name Amount (\$) El Sol Studios 08.17.04 Payee address; 134.84 City; State; Zip Code 936 S. Alamo; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name Office held Design work Date Payee name Amount (\$) **IBC** 08.18.04 Payee address; City; State; Zip Code 275.59 130 E. Travis; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office sought Office held 941 Payroll Tax Date Payee name Amount McCall & Associates 08.19.04 700.00 Payee address; City; State; Zip Code 1617 E. Commerce, Ste. 6101; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought Office held Printing services

POLITI	CAL EXPENDITURES	011 Y CLE 011 Y CLE 2004 IAN 18 A	RK SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.	1 Total pa	ges Schedule F:
2 FILER NAM	Phil Hardberger	3 ACCOL	INT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount (\$)
	6 Payee address; City; State; Zip Code		
8 Purpose of parequired.)	syment (See instructions regarding type of information	9 · Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH •• Office sought Office held
Re	eturn campaign contribution		
Date	Payee name		Amount (\$)
08.23.04	Isabel de la Riva Payee address; City; State; Zip Code		648.80
	2935 Thousand Oaks #6-224; San Ant	tonio, TX 78247	
Purpose of parequired.)	syment (See instructions regarding type of information	Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH •• Office sought Office held
S	taff payroll		
Date	Payee name		Amount (\$)
08.25.04	Joan Kearl Payee address; City; State; Zip Code		89.84
	1702 Talcott Drive; San Antonio, Ta	X 78232	
Purpose of pa required.)	ryment (See instructions regarding type of information Reimburse expenses	•• Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH •• Office sought Office held
Date	Payee name Milom Duilding		Amount (\$)
08.27.04	Milam Building Payee address; City; State; Zip Code		479.89
	115 E. Travis, Ste. 100; San Antonio,	TX 78205	
Purpose of pa required.)	oyment (See instructions regarding type of information Office rent - September '04	•• Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	



				2007 JUN 1	8 AM 10: 05
	The Instruction	GUIDE explains how to complete this form.		1 Total pages	Schedule F:
2	FILER NAME	Phil Hardberger		3 ACCOUNT	# (Ethics Commission filers)
4	Date	5 Payee name			7 Amount
	08.31.04	Cecille Martinez			(\$)
	00.51.04	6 Payee address; City; State; Zip Code			475.24
		1546 W. Magnolia Ave; San Antonio,	TX 78201		
8	Purpose of pay	ment (See instructions regarding type of information	9 •• Complete if di	rect expenditure	to benefit C/OH ••
ľ	required.) Candidate / Officeholder name		Office sought Office held		
	Staff payroll				
	Date	Payee name			Amount
	09.01.04	Angie Patrick			(\$)
	03101101	Payee address; City; State; Zip Code			729.86
		10203 Rafter O Trail; Helotes, TX 78	023		
		10200 10010 0 1101, 120000, 112 10	·		
	Purpose of pay required.)	ment (See instructions regarding type of information	·	•	to benefit C/OH ••
	required.)	Staff payroll	Candidate / Officeholder r	name	Office sought Office held
		Staff payfoli			
	Date	Payee name			Amount
	09.01.04	Joan Kearl			(\$)
		Payee address; City; State; Zip Code			3,050.00
		1702 Talcott Dr.; San Antonio, TX 78	3232		
	Purpose of pay required.)	ment (See instructions regarding type of information			to benefit C/OH ··
	, ,	Consulting services	Candidate / Officeholder r	name	Office sought Office held
		consuming services			
	Date	Payee name			Amount
	09.01.04	Isabel de la Riva			(\$)
	07.01.01	Payee address; City; State; Zip Code			339.40
		2935 Thousand Oaks #6-224; San Ar 78247	ntonio, TX		
		ment (See instructions regarding type of information	•• Complete if di	rect expenditure	to benefit C/OH ••
	required.)	Staff payroll	Candidate / Officeholder r	name	Office sought Office held
l		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

P.O. Box 12070

SCHEDULE F

53

2004 JAN 18 AMI				10: 05
The Instruction	ON GUIDE explains how to complete this form.	· .	1 Total pages	Schedule F:
2 FILER NAMI	E Phil Hardberger		3 ACCOUNT	# (Ethics Commission filers)
4 Date 09.01.04	5 Payee name IBC 6 Payee address; City; State; Zip Code 130 E. Travis; San Antonio, TX 7820	5		7 Amount (\$) 579.19
8 Purpose of pay required.)	yment (See instructions regarding type of information 941 Payroll Tax	9 ··· Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Date 09.01.04	Payee name Ampco System Parking Payee address; City; State; Zip Code 112 E. Pecan Box 8; San Antonio, T	`X 78205		Amount (\$) 150.86
Purpose of pay required.)	yment (See instructions regarding type of information Staff parking	•• Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought Office held
Date 09.01.04	Payee name Ampco System Parking Payee address; City; State; Zip Code 112 E. Pecan Box 8; San Antonio,	ГХ 78205		Amount (\$) 102.36
Purpose of pay required.)	yment (See instructions regarding type of information Staff parking	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Date 09.01.04	Payee name Ampco System Parking Payee address; City; State; Zip Code 112 E. Pecan Box 8; San Antonio, T	X 78205		Amount (\$) 37.67
Purpose of pay required.)	yment (See instructions regarding type of information Staff parking	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED	

1-800-325-8506

	POLITIO	CAL EXPENDITURES		CITY OF	CEIVED SAM SOMERWLE F Y CLERK
	The Instruction	N GUIDE explains how to complete this form.		5 btelpages	Bheddi∳†10: 05
2	FILER NAME	Phil Hardberger		3 ACCOUNT	# (Ethics Commission filers)
4	Date 09.08.04	 5 Payee name McCall & Associates 6 Payee address; City; State; Zip Code 1617 E. Commerce, Ste. 6101; San Ar 	ntonio, TX 78205		7 Amount (\$) 1,840.00
8	required.)	ment (See instructions regarding type of information motional services	9 •• Complete if di Candidate / Officeholder r	•	to benefit C/OH •• Office sought Office held
	Date 09.08.04	Payee name City of San Antonio Payee address; City; State; Zip Code PO Box 839975 - 2nd Fl; San Antonio	, TX 78283-3975		Amount (\$) 121.22
	required.)	rment (See instructions regarding type of information ecinct/City Council map	•• Complete if di Candidate / Officeholder i	·	to benefit C/OH •• Office sought Office held
	Date 09.08.04	Payee name Angela Martinez Payee address; City; State; Zip Code 1111 S. St. Mary's; San Antonio, TX	78210		Amount (\$) 331. 25
	required.)	 vment (See instructions regarding type of information esign work	•• Complete if di Candidate / Officeholder i		to benefit C/OH •• Office sought Office held
	Date 09.09.04	Payee name A-1 Laminating Payee address; City; State; Zip Code 2015 McCullough; San Antonio, TX	78212		Amount (\$) 46.76
	required.)	I /ment (See instructions regarding type of information aminating city map	•• Complete if di Candidate / Officeholder i		to benefit C/OH •• Office sought Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	IEEDED	

Printed on recycled paper Revised 11/05/2003

P.O. Box 12070

CITY CLERK

SCHEDULE F

		2004 JAN 18 A	M 10: 05	
The Instruction	N GUIDE explains how to complete this form.		1 Total pages S	chedule F:
2 FILER NAME	E Phil Hardberger		3 ACCOUNT#	(Ethics Commission filers)
4 Date 09.14.04	Payless Used Office Furniture, Inc. 6 Payee address; City; State; Zip Code 2730 NW Loop 410; San Antonio, T	X 78230		7 Amount (\$) 204.72
required.)	yment (See instructions regarding type of information Office chairs	9 · Complete if dir Candidate / Officeholder n	rect expenditure to	benefit C/OH •• flice sought Office held
Date 09.14.04	Payee name Office Max Payee address; City; State; Zip Code 125 NW Loop 410, Ste. 406; San Anto	onio, TX 78216		Amount (\$) 296.87
required.)	yment (See instructions regarding type of information Office supplies	•• Complete if dir Candidate / Officeholder n	rect expenditure to	benefit C/OH •• flice sought Office held
Date 09.15.04	Payee name Richard Garza Payee address; City; State; Zip Code 321 E. Melrose #C; San Antonio, 7	ΓX 78212		Amount (\$) 15.00
Purpose of pay required.)	yment (See instructions regarding type of information Reimburse parking expenses	•• Complete if dir Candidate / Officeholder n	rect expenditure to lame Of	benefit C/OH •• Office held
Date 09.15.04	Payee name SBC Payee address; City; State; Zip Code PO Box 630047; Dallas, TX 75263	3		Amount (\$) 91.86
Purpose of pay required.)	rment (See instructions regarding type of information telephone service	•• Complete if dir Candidate / Officeholder n	rect expenditure to lame O	benefit C/OH •• Tifice sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

DE SAN ANT CON 2 463-5800 1-800-325-8506 Austin, Texas 78711-2070 Texas Ethics Commission P.O. Box 12070 POLITICAL EXPENDITURES SCHEDULE F 2004 JAN 18 AH 10: 05 Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Phil Hardberger Date Payee name Amount 4 (\$) Angie Patrick 09.15.04 28.55 6 Payee address; City; State; Zip Code 10203 Rafter O Trail; Helotes, TX 78023 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH .. Office held Candidate / Officeholder name Office sought Reimburse parking/expenses Date Payee name Amount (\$) Jose R. Martinez 09.15.04 95.86 Payee address; City; State; Zip Code PO Box 12162; San Antonio, TX 78212 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office held Reimburse supplies; mileage Payee name Amount Date (\$) Angie Patrick 09.15.04 City; State; Zip Code 716.80 Payee address; 10203 Rafter O Trail; Helotes, TX 78023 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held Staff payroll Date Payee name Amount (\$) Isabel de la Riva 09.15.04 648.80 Payee address; 2935 Thousand Oaks #6-224; San Antonio, TX 78247 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Office held Candidate / Officeholder name Staff payroll

DECENV (512) 463-5800

POLITIO	CAL EXPENDITURES	CITY OF SAN CITY OL	ANTONIO ERK	SCHEDULE F	
The Instruction	N GUIDE explains how to complete this form.	2004 JAN 18	Total pages Sched	dule F:	
2 FILER NAME	Phil Hardberger	3	ACCOUNT # (Ethi	ics Commission filers)	
4 Date	5 Payee name		7	Amount (\$)	
09.15.04	Cecille Martinez 6 Payee address; City; State; Zip Code			475.24	
	1546 W. Magnolia Ave.; San Antoni	o, TX 78201			
required.)	rment (See instructions regarding type of information taff payroll	9 ·· Complete if direct Candidate / Officeholder name	•		
Date	Payee name			Amount (\$)	
09.16.04	IBC Payee address; City; State; Zip Code			487.99	
	130 E. Travis; San Antonio, TX 782	05			
Purpose of payment (See instructions regarding type of information required.) • Complete if direct expenditure Candidate / Officeholder name					
94	41 Payroll Tax				
Date	Payee name			Amount (\$)	
09.20.04	TMS Computer Services Payee address; City; State; Zip Code			118.53	
	9650 Datapoint Dr., Ste. 113; San An	tonio, TX 78229			
Purpose of pay required.)	/ment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder name	•		
	Computer services			·	
Date	Payee name			Amount (\$)	
09.21.04	US Postmaster Payee address; City; State; Zip Code			370.00	
	Laurel Heights Station; San Antonio,	TX 78212			
Purpose of pay required.)	Learner (See instructions regarding type of information	Complete if direct Candidate / Officeholder name	•		
	stamps	Candidate / Oilicenoidei fiame	, Gilde S	Aug it Office Feld	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEE	DED		

POLITIO	CAL EXPENDITURES	CITY CLERK	
The Instructio	N GUIDE explains how to complete this form.	2094 CEN 18 AM IC	Total pages Schedule F:
2 FILER NAME	E Phil Hardberger	3	ACCOUNT # (Ethics Commission filers)
4 Date 09.22.04	5 Payee name SW Legal Solutions 6 Payee address; City; State; Zip Code 115 E. Travis, Ste. 119; San Antonio,	TX 78205	7 Amount (\$) 11.96
required.)	ment (See instructions regarding type of information opying services	9 · Complete if direct Candidate / Officeholder name	expenditure to benefit C/OH •• e Office sought Office held
Date 09.23.04	Payee name Little Red Barn Payee address; City; State; Zip Code 1836 S. Hackberry; San Antonio, T2	ζ 78210	Amount (\$) 1016.40
Purpose of pay required.)	rment (See instructions regarding type of information political event	•• Complete if direct Candidate / Officeholder name	expenditure to benefit C/OH •• o Office sought Office held
Date 09.23.04	Payee name Richard Garza Payee address; City; State; Zip Code 321 E. Melrose #C; San Antonio, T	TX 78212	Amount (\$) 15.00
required.)	ment (See instructions regarding type of information Reimburse parking/mileage	•• Complete if direct Candidate / Officeholder name	expenditure to benefit C/OH •• e Office sought Office held
Date 09.24.04	Payee name San Antonio SPJ Payee address; City; State; Zip Code PO Box 2171; San Antonio, TX 782	97-2171	Amount (\$)
required.)	ment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder name	expenditure to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEE	DED

POLITIO	CAL EXPENDITURES	CITY OF SAN ANT	ONIO	SCHEDULE F
		303 5 B	n: n6	
The Instruction	N GUIDE explains how to complete this form.	the officers and the second	1 Total pages	Schedule F:
2 FILER NAME	E Phil Hardberger		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·		7 Amount (\$)
09.24.04	Bear Audio Visual, Inc.			
	6 Payee address; City; State; Zip Code			177.79
	1602 W. Kings Hwy; San Antonio,	TX 78201		
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if dir	,	to benefit C/OH •• Office sought Office held
au	idio equipment for political event	Candidate / Officerolder //	ame	Cince sough Cince next
Date	Payee name			Amount (\$)
09.28.04	Milam Building			959.78
	Payee address; City; State; Zip Code			737.16
	115 E. Travis, Ste. 100; San Antonio	, TX 78205		
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
	October office rent			
Date	Payee name			Amount
09.30.04	Cecille Martinez Payee address; City; State; Zip Code			(\$) 24.10
	1546 W. Magnolia; San Antonio, 7	TX 78201		
Purpose of pay required.)	ment (See instructions regarding type of information			to benefit C/OH ••
	Reimburse expenses	Candidate / Officeholder n	ame	Office sought Office held
Date	Payee name			Amount
09.30.04	Ampco System Parking Payee address; City; State; Zip Code			(\$) 56.97
	112 E. Pecan, Box 8; San Antonio, T	TX 78205		
Purpose of payi required.)	ment (See instructions regarding type of information staff parking	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED	

POLI	TICAL EXPENDITURES	CITY (LERK	SCHEDU	ILE F
		2004 JAN 18	AM 10: 0 (<u> </u>	
The Instr	истіом Guide explains how to complete this form.		1 Total pages	Schedule F:	
2 FILERN	AME Phil Hardberger		3 ACCOUNT	# (Ethics Commission file	ers)
4 Date	5 Payee name			7 Amour (\$)	nt
09.30.	Ampco System Parking			150.8	6
	6 Payee address; City; State; Zip Code			150.6	U
	112 E. Pecan, Box 8; San Antonio,	ГХ 78205			
8 Purpose o	of payment (See instructions regarding type of information		•	to benefit C/OH ··	OT
, ,	staff parking	Candidate / Officeholder n	ame (Office sought	Office held
Date	Payee name	L		Amour	nt
09.30.0	Ampco System Parking			(\$) 204.72	
	Payee address; City; State; Zip Code			204.72	•
	112 E. Pecan, Box 8; San Antonio,	ΓX 78205			
Purpose o	of payment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
	Staff parking	Candidate / Cinceriolder II	anie (Cince Sought	Cilicerad
Date	Payee name			Amoun (\$)	t
09.30.0	Angie Patrick Payee address; City; State; Zip Code			716.80	0
	10203 Rafter O Trail; Helotes, TX	78023			
Purpose o	f payment (See instructions regarding type of information		•	to benefit C/OH ••	
required.)	staff payroll	Candidate / Officeholder n	ame (Office sought	Office held
Date	Payee name			Amoun	t
09.30.0				(\$)	
	Payee address; City; State; Zip Code			648.80	
	2935 Thousand Oaks #6-224; San An	ntonio, TX 78247			
Purpose o required.)	f payment (See instructions regarding type of information staff payroll	•• Complete if din Candidate / Officeholder na	•	o benefit C/OH •• Office sought	Office held
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NI	EEDED		

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POLITI	CAL EXPENDITURES	CITY OF S CITY	CLERK	SCHEDULE F
The Instruction	אס Guide explains how to complete this form.	2194 129	8 AM 10: (16 1 Total pages Sche	dule F:
2 FILER NAME	E Phil Hardberger		3 ACCOUNT # (Eth	ics Commission filers)
4 Date 09.30.04	5 Payee name Richard Garza 6 Payee address; City; State; Zip Code 321 E. Melrose #C; San Antonio, TX	X 78212	7	Amount (\$) 11.00
8 Purpose of pay required.)	yment (See instructions regarding type of information reimburse parking/mileage	9 •• Complete if dire Candidate / Officeholder na	ect expenditure to ber ame Offices	
Date 09.30.04	Payee name Cecille Martinez Payee address; City; State; Zip Code 1546 W. Magnolia; San Antonio, T	X 78201		Amount (\$) 472.74
Purpose of pay required.)	rment (See instructions regarding type of information staff payroll	•• Complete if dire Candidate / Officeholder na	ect expenditure to ber ame Offices	
Date 09.30.04	Payee name IBC Payee address; City; State; Zip Code 130 E. Travis; San Antonio, TX 782	05		Amount (\$) 486.33
Purpose of pay required.)	I	•• Complete if dire Candidate / Officeholder na	ect expenditure to ben ame Office s	
Date 10.04.04	Payee name Joan Kearl Payee address; City; State; Zip Code 1702 Talcott Dr; San Antonio, TX 78	3232		Amount (\$) 128.32
Purpose of pay required.)	ment (See instructions regarding type of information Reimburse expenses	•• Complete if dire Candidate / Officeholder na	ect expenditure to ben ame Office s	
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	

POLITI	CAL EXPENDITURES	CITY OF SAN ANTO CITY CLERK	NIO SCHEDULE F
The Instruction	אס Guide explains how to complete this form.	ZUUYJAH I 8 AN IO 1 Total	pages Schedule F:
2 FILER NAM	E Phil Hardberger	3 ACCC	DUNT # (Ethics Commission filers)
4 Date 10.04.04	5 Payee name Joan Kearl 6 Payee address; City; State; Zip Code 1702 Talcott Dr; San Antonio, TX 7	8232	7 Amount (\$) 5,440.00
8 Purpose of pay required.)	yment (See instructions regarding type of information Consulting services	9 ·· Complete if direct expend Candidate / Officeholder name	diture to benefit C/OH •• Office sought Office held
Date 10.04.04	Payee name Sylvia Romo, CPA, RTA Payee address; City; State; Zip Code PO Box 839950; San Antonio, TX 7	3283-3950	Amount (\$) 179.94
Purpose of pay required.)	/ment (See instructions regarding type of information 2004 Office property tax	•• Complete if direct expend Candidate / Officeholder name	liture to benefit C/OH •• Office sought Office held
Date 10.04.04	Payee name Xerox Corporation Payee address; City; State; Zip Code PO Box 650361; Dallas, TX 75265		Amount (\$)
Purpose of pay required.)	rment (See instructions regarding type of information Copier maintenance fee	Complete if direct expend Candidate / Officeholder name	liture to benefit C/OH •• Office sought Office held
Date 10.04.04	Payee name Ampco System Parking Payee address; City; State; Zip Code 105 N. Alamo #402; San Antonio, T	`X 78205	Amount (\$) 60.00
Purpose of pay required.)	ment (See instructions regarding type of information Staff parking	•• Complete if direct expend Candidate / Officeholder name	iture to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED	

POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Phil Hardberger 4 Date Payee name Amount (\$) **SBC** 10.07.04 6 Payee address; City; State; Zip Code PO Box 630047; Dallas, TX 75263 Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name Office sought Telephone service Date Payee name Amount (\$) Payless Used Office Furniture 10.08.04 Payee address; City; State; Zip Code 161.63 2730 NW Loop 410; San Antonio, TX 78230 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Office held Candidate / Officeholder name Office sought office furniture Date Payee name **Amount** (\$) Provident Development Group 10.12.04 625.00 City; State; Zip Code Payee address; 5441 Babcock Rd, 4th Fl; San Antonio, TX 78240 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held rental for political event Date Payee name Amount Provident Development Group 10.20.04 174.38 City; State; Zip Code Payee address; 5441 Babcock Rd, 4th Fl; San Antonio, TX 78240 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought Office held catering surcharge for political event ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Austin, Texas 78711-2070

(512) 463-5800

	POLITI	CAL EXPENDITURES			SCHEDULE F
	The Instruction	on Guide explains how to complete this form.		1 Total pages	s Schedule F:
2	FILER NAMI	E Phil Hardberger		3 ACCOUNT	# (Ethics Commission filers)
4	Date 10.12.04	Fayee name Richard Garza 6 Payee address; City; State; Zip Code 321 E. Melrose #C; San Antonio, TX	78212		7 Amount (\$) 8.50
8	Purpose of pay required.)	yment (See instructions regarding type of information reimburse parking	9 ·· Complete if di Candidate / Officeholder		to benefit C/OH · · · Office sought
	Date 10.15.04	Payee name Richard Garza Payee address; City; State; Zip Code 321 E. Melrose #C: San Antonio, TX	78212		Amount (\$) 352.40
	Purpose of pay required.)	yment (See instructions regarding type of information Staff payroll	•• Complete if di Candidate / Officeholder i		to benefit C/OH •• Office sought Office held
	Date 10.15.04	Payee name Isabel de la Riva Payee address; City; State; Zip Code 2935 Thousand Oaks #6-224; San An	tonio, TX 78247		Amount (\$) 648.80
	Purpose of pay required.)	/ment (See instructions regarding type of information Staff payroll	•• Complete if di Candidate / Officeholder r	•	to benefit C/OH •• Office sought Office held
	Date 10.15.04	Payee name Angie Patrick Payee address; City; State; Zip Code 10203 Rafter O Trail; Helotes, TX 78023	3		Amount (\$) 716.80
	Purpose of pay required.)	ment (See instructions regarding type of information Staff payroll	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought Office held
		ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED	

	POLITIO	CAL EXPENDITURES			SCHEDUL	ΕF
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages	Schedule F:	
2	FILER NAME	E Phil Hardberger		3 ACCOUNT	# (Ethics Commission filers)	
4	Date 10.15.04	5 Payee name Cecille Martinez 6 Payee address; City; State; Zip Code 1546 W. Magnolia Ave; San Antonio	o, TX 78201		7 Amount (\$) 728.36	OR CITY
8	Purpose of pay required.)	rment (See instructions regarding type of information Staff Payroll	9 •• Complete if di Candidate / Officeholder r		to benefit C/OH · · Office sought .	noe held
	Date 10.15.04	Payee name IBC Payee address; City; State; Zip Code 130 E. Travis; San Antonio, TX 7820	5		Amount (\$) 616.78	-
	Purpose of pay required.)	ment (See instructions regarding type of information 941 Payroll Tax	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought C	iffice held
	Date 09.27.04	Payee name IBC Payee address; City; State; Zip Code 130 E. Travis; San Antonio, TX 7820	05		Amount (\$) 55.00	
	Purpose of payi required.)	ment (See instructions regarding type of information bank charges	•• Complete if di Candidate / Officeholder r	•	o benefit C/OH •• Office sought O	ffice held
	Date 10.05.04	Payee name Merchant Services Payee address; City; State; Zip Code PO Box 6600; Hagerstown, MD 217	40-6600		Amount (\$) 100.00	
	required.)	ment (See instructions regarding type of information Merchant bankcard fee	•• Complete if dir Candidate / Officeholder n		o benefit C/OH •• Office sought O	ffice held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		

Tex	xas Ethics Cor	mmission P.O. Box 12070 Austin, Texas	78711-2070	- (513).463	-5800 1	-800-325-850
:	POLITIO	CAL EXPENDITURES	6;113 C! C-	SAN ANTO		DULE F
	The Instructio	N GUIDE explains how to complete this form.	2004 Jan	Total pages S	chedule F:	
2	FILER NAME	Phil Hardberger	3	3 ACCOUNT#	(Ethics Commissio	n filers)
4	Date 10.18.04	5 Payee name Merchant Services		7		ount \$)
		6 Payee address; City; State; Zip Code PO Box 6600; Hagerstown, MD 2	1740-6600		781.19	9
8	required.)	ment (See instructions regarding type of information ank card software program	9 ·· Complete if direc Candidate / Officeholder nar	·	benefit C/OH •	• Office held
	Date 10.19.04	Payee name Joan Kearl Payee address; City; State; Zip Code 1702 Talcott Dr; San Antonio, TX 78	232		Ame (\$ 2,840	5)
	Purpose of pay required.)	ment (See instructions regarding type of information Consultant services	•• Complete if direc Candidate / Officeholder nar		benefit C/OH • ice sought	Office held
	Date	Payee name			Amo	
	10.19.04	Payee address; City; State; Zip Code			129	
		210 Apperson Ave; San Antonio, TX	. /820/			
	Purpose of payl required.)	ment (See instructions regarding type of information telephone service	•• Complete if direc Candidate / Officeholder nan		benefit C/OH •• ce sought	Office held
	Date	Payee name			Amo	
	10.20.04	Beth Squires Payee address; City; State; Zip Code			215.	,
		700 N. St. Mary's 31750; San Anton	nio, TX 78205			
	Purpose of payr required.)	nent (See instructions regarding type of information Reimburse expenses	•• Complete if direc Candidate / Officeholder nam		penefit C/OH •• ce sought	Office held
		ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	EDED		

	POLITIO	CAL EXPENDITURES	'°'CITYOFSANA CITY CLE 3 (3) 2004 JAN 18 Å		SCHEDULE F
			7004 JAN 18 P	1 Total pages	S Cabadula E
	I he instruction	N Guide explains how to complete this form.		1 Total pages	s Scriedule F:
2	FILER NAME	E Phil Hardberger		3 ACCOUNT	# (Ethics Commission filers)
4	Date 10.20.04	5 Payee name SW Legal Solutions			7 Amount (\$)
		6 Payee address; City; State; Zip Code 115 E. Travis, Ste. 119; San Anton	nio, TX 78205		22.63
8	Purpose of pay required.)	ment (See instructions regarding type of information copying expenses	9 •• Complete i Candidate / Officehold	if direct expenditure ler name	to benefit C/OH •• Office sought Office held
	Date 10.20.04	Payee name La Fonda Oak Hills Payee address; City; State; Zip Code			Amount (\$) 1,643.12
		350 Northaven Dr; San Antonio, T	TX 78229		
	required.)	ment (See instructions regarding type of information	•• Complete i Candidate / Officehold	f direct expenditure er name	to benefit C/OH •• Office sought Office held
	Date 10.20.04	Payee name Provident Development Group Payee address; City; State; Zip Code			Amount (\$) 174.38
		5441 Babcock Rd, 4th Fl; San Antonio	o, TX 78240		
	Purpose of payl required.)	ment (See instructions regarding type of information Catering surcharge	•• Complete i Candidate / Officehold	f direct expenditure er name	to benefit C/OH •• Office sought Office held
	Date	Payee name At Networks			Amount (\$)
	10.25.04	Payee address; City; State; Zip Code			91.59
		10105 Broadway; San Antonio, TX	78217		
	Purpose of payr required.)	ment (See instructions regarding type of information Internet services	•• Complete i Candidate / Officehold	f direct expenditure er name	to benefit C/OH •• Office sought Office held
		ATTACH ADDITIONAL COPIES	OF THIS FORM AS	NEEDED	-

POLITI	CAL EXPENDITURES	CITY CLE S ON 2004 JAN 18 A		SCHED	ULE F
The Instruction	ON GUIDE explains how to complete this form.	ZUUR JER I O F	1 Total pages	s Schedule F:	
2 FILER NAM	E Phil Hardberger		3 ACCOUNT	# (Ethics Commission f	îlers)
4 Date 10.25.04	5 Payee name TMS Computer Services 6 Payee address; City; State; Zip Code 9650 Datapoint Dr #113; San Antoni	o, TX 78229		7 Amou (\$) 1,063.4	
required.)	yment (See instructions regarding type of information omputer \pm installation	9 ·· Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
Date 10.25.04	Payee name GTO Advertising Payee address; City; State; Zip Code 3707 N. St. Mary's #111; San Anton	io, TX 78212		Amou (\$) 500.0	
Purpose of pay required.)	yment (See instructions regarding type of information consultant fees	•• Complete if dir Candidate / Officeholder n	•	to benefit C/OH •• Office sought	Office held
Date 10.28.04	Payee name Angela Martinez Payee address; City; State; Zip Code 1111 S. St. Mary's; San Antonio, T	X 78210		Amoui (\$) 187.50	nt
Purpose of pay required.)	rment (See instructions regarding type of information Website services	•• Complete if dir Candidate / Officeholder n	•	to benefit C/OH ·· Office sought	Office held
Date 10.28.04	Payee name Pam Leissner Payee address; City; State; Zip Code 9562 Coolbrook; San Antonio, TX 78	250		Amour (\$) 461.75	
Purpose of pay required.)	ment (See instructions regarding type of information Staff payroll	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

Te.	POLITION TO SERVICE STATES CON	CAL EXPENDITURES	Y OF SAN ANTONIO CITY CLERK	(512) 4	63-5800 1- SCHED	800-325-850 ULE F
		200	5 34 4 12N 18 AM 10: 08)		
	The Instructio	ALC: O. W.			s Schedule F:	
2	FILER NAME Phil Hardberger 3 ACCOUNT			# (Ethics Commission	filers)	
4	Date 10.28.04	5 Payee name Jose R. Martinez	· · · · · · · · · · · · · · · · · · ·		7 Amo (\$	
		6 Payee address; City; State; Zip Code PO Box 12162; San Antonio, TX 78	212		12.99	
8	Purpose of pay required.)	ment (See instructions regarding type of information reimburse expenses	9 •• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
	Date Payee name 10.28.04 Joan Kearl Payee address; City; State; Zip Code 1702 Talcott Dr; San Antonio, TX 78232			Amount (\$) 100.70		
	Purpose of payment (See instructions regarding type of information required.) •• Complete if direct expenditure Candidate / Officeholder name				to benefit C/OH •• Office sought	Office held
	Date 10.28.04	Payee name The Chamber Payee address; City; State; Zip Code PO Box 1628; San Antonio, TX 782	96		Amoi (\$) 70.00	
	Purpose of paying required.)	ment (See instructions regarding type of information tickets to political event	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
	Date 10.29.04	Payee name Richard Garza			Amou (\$) 352.4	
		321 E. Melrose #C; San Antonio,	TX 78212		332.4	v
	Purpose of payr required.)	ment (See instructions regarding type of information Staff payroll	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
		ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED		

POLITI	CAL EXPENDITURES	CITY OF S. CITY	AN ANTONI CLERK 8 AM 10: 0	0 SCHEDL	ILE F	
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages	Schedule F:		
2 FILER NAM	FILER NAME Phil Hardberger 3 ACCOUNT			Ethics Commission fil	ers)	
4 Date 10.29.04	5 Payee name Angie Patrick 6 Payee address; City; State; Zip Code			7 Amour (\$) 718.80		
	10203 Rafter O Trail; Helotes, TX 7	78023				
8 Purpose of par required.)	yment (See instructions regarding type of information Staff payroll	9 •• Complete if dir. Candidate / Officeholder na		o benefit C/OH •• Office sought	Office held	
Date	Payee name			Amour (\$)	nt	
10.29.04 Cecille Martinez Payee address; City; State; Zip Code				728.36		
	1546 W. Magnolia Ave; San Antoni	o, TX 78201				
Purpose of payment (See instructions regarding type of information required.) • Complete if direct exproper candidate / Officeholder name				ure to benefit C/OH •• Office sought Office held		
	Staff payroll					
Date	Payee name			Amour (\$)	nt	
10.29.04	IBC Payee address; City; State; Zip Code			404.38		
	130 E. Travis; San Antonio, TX 78	205				
Purpose of pay required.)	yment (See instructions regarding type of information 941 Payroll tax	•• Complete if dire Candidate / Officeholder na	•	o benefit C/OH •• Office sought	Office held	
Date	Payee name			Amour (\$)	nt	
10.29.04	Joan Kearl Payee address; City; State; Zip Code			1,500.0	00	
1702 Talcott Dr; San Antonio, TX 78232						
Purpose of pay required.)	rment (See instructions regarding type of information Consultant services	•• Complete if dire Candidate / Officeholder na		o benefit C/OH •• Office sought	Office held	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EEDED	,		

	POLITIC	CAL EXPENDITURES	CITY OF SAN ANTONIO	SCHEDULE F		
			50X			
	The Instruction	pages Schedule F:				
2	FILER NAME	Phil Hardberger	3 ACCOUNT # (Ethics Commission filers)			
4	Date	5 Payee name		7 Amount (\$)		
	10.29.04	Milam Building 6 Payee address; City; State; Zip Code		959.78		
	115 E. Travis, Ste. 100; San Antonio, TX 78205					
8	Purpose of pay required.)	ment (See instructions regarding type of information office rent	9 •• Complete if direct expend Candidate / Officeholder name	liture to benefit C/OH •• Office sought Office held		
	Date	Payee name		Amount (\$)		
	10.29.04	Ampco System Parking				
		336.32				
	Purpose of payment (See instructions regarding type of information required.) • Complete if direct expenditure Candidate / Officeholder name			liture to benefit C/OH •• Office sought Office held		
		Staff parking	Caldidate / Silicolotte / Auto			
	Date	Payee name		Amount (\$)		
	10.29.04	Texas Workforce Commission		339.51		
		Payee address; City; State; Zip Code		339.31		
		PO Box 149037; Austin, TX 78714-9	037			
	Purpose of pay required.)	I ment (See instructions regarding type of information	Complete if direct expend Candidate / Officeholder name	liture to benefit C/OH ** Office sought Office held		
		3rd Quarter tax 2004	Canadato / Silicolotto. Name			
	Date	Payee name	The Cold Miller (Cold School S	Amount (\$)		
	Henry Farias Payee address; City; State; Zip Code			300.00		
Purpose of payment (See instructions regarding type of information required.)						
Expenses for signs Candidate / Officeholder name				Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

RECEIVED OF SAN ANTONIO 463-5800 Austin, Texas 78711-2070

	POLITIC	CAL EXPENDITURES		E1/1/	SCHEDULE ${f F}$
			2004 JAN 18	AM 10: 06	
	The Instruction	GUIDE explains how to complete this form.		1 Total pages	Schedule F:
2	2 FILER NAME Phil Hardberger			3 ACCOUNT	‡ (Ethics Commission filers)
4	Date	5 Payee name			7 Amount (\$)
	11.01.04	Ampco System Parking 6 Payee address; City; State; Zip Code 105 N. Alamo #402; San Antonio, T	X 78205		59.93
8	Purpose of pay required.)	ment (See instructions regarding type of information Staff parking	9 · · Complete if d Candidate / Officeholder	irect expenditure t	to benefit C/OH •• Office sought Office held
	Date	Payee name			Amount (\$)
	11.01.04	TMS Computer Services			118.53
		Payee address; City; State; Zip Code			110.55
		9650 Datapoint Dr #113; San Anton	io, TX 78229		
Purpose of payment (See instructions regarding type of information required.) • Complete if direct expending type of information Candidate / Officeholder name					to benefit C/OH •• Office sought Office held
		computer services			.
	Date	Payee name			Amount (\$)
	11.01.04	Creative Link Payee address; City; State; Zip Code			804.64
		1148 E. Commerce; San Antonio,	ГХ 78205		
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if d	irect expenditure	to benefit C/OH •• Office sought Office held
		production/printing push cards			
	Date	Payee name			Amount (\$)
	11.01.04	Allied Advertising Payee address; City; State; Zip Code			2,243.68
3700 Blanco Rd; San Antonio, TX 78212					
	required.)	ment (See instructions regarding type of information campaign signs/posters	•• Complete if d Candidate / Officeholder	irect expenditure	to benefit C/OH •• Office sought Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	VEEDED	

1-800-325-8506

Austin, Texas 78711-2070 RECEIVED (512) 463-5800

1-800-325-8506

	POLITIC	CAL EXPENDITURES	CITY CLE	RK	SCHEDULE F	
			2002 S	M In· nc		
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages	Schedule F:	
2	FILER NAME Phil Hardberger 3 ACCOUNT #			# (Ethics Commission filers)		
4	Date	5 Payee name Joan Kearl			7 Amount (\$)	
	11.01.04	6 Payee address; City; State; Zip Code 1702 Talcott Dr; San Antonio, TX 7		. ,	212.59	
8	Purpose of pay required.)	ment (See instructions regarding type of information Reimburse expenses	9		to benefit C/OH •• Office sought Office held	
	Date	Payee name GTO Advertising			Amount (\$)	
	11.01.04 G1O Advertising Payee address; City; State; Zip Code				1,125.00	
		3707 N. St. Mary's #111; San Antoni	o, TX 78212			
Purpose of payment (See instructions regarding type of information required.) • Complete if direct expenditure Candidate / Officeholder name				to benefit C/OH •• Office sought Office held		
		Design work				
	Date	Payee name			Amount (\$)	
	11.01.04	Richard Garza Payee address; City; State; Zip Code			5.80	
	321 E. Melrose #C; San Antonio, TX 78212				2.00	
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	•	to benefit C/OH •• Office sought Office held	
	. 6. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	Reimburse expenses				
	Date	Payee name			Amount (\$)	
	Henry Farias Payee address; City; State; Zip Code				300.00	
	123 Broadbent; San Antonio, TX 78210					
	Purpose of payment (See instructions regarding type of information required.) • Complete if direct expenditure to Candidate / Officeholder name				to benefit C/OH •• Office sought Office held	
]	Political expenses for signs			-	
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		

POLITICAL EXPENDITURES		CITY CLERK SCHEDUL		JLE F	
		5.6 2067 JAN 18 AI	10:06		
The Instruction	N GUIDE explains how to complete this form.		1 Total page	s Schedule F:	
2 FILER NAME Phil Hardberger			3 ACCOUNT	# (Ethics Commission fi	lers)
4 Date	5 Payee name	, , , , , , , , , , , , , , , , , , , ,	1	7 Amou	nt
11.03.04	Merchant Services				
	6 Payee address; City; State; Zip Code			30.00	
	PO Box 6600; Hagerstown, MD 217	740-6600			
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if d	•	to benefit C/OH •• Office sought	Office held
	Merchant bank card fee	odrididate / Oilidentidati	rame	Cince scog it	Ciliceriad
Date	Payee name			Amou	nt
11.05.04	Richard Garza			(\$)	
11.05.04	Payee address; City; State; Zip Code			106.12	
	321 E. Melrose #C; San Antonio, TX	78212			
Purpose of payment (See instructions regarding type of information required.)				to benefit C/OH ••	0.00
. ,	Reimburse expenses	Candidate / Officeholder	name	Office sought	Office held
			W		
Date	Payee name Creative Link			Amour (\$)	nt
11.05.04	Payee address; City; State; Zip Code			2,820.03	
	1148 E. Commerce; San Antonio, T	X 78205		2,020.03	
Purpose of pay required.)	ment (See instructions regarding type of information	 Complete if di Candidate / Officeholder i 	,	to benefit C/OH •• Office sought	Office held
	Design campaign brochures				
Date	Payee name			Amour	nt
11.05.04	SBC			(\$)	
	Payee address; City; State; Zip Code			340.82	i
	PO Box 630047; Dallas, TX 75263				
Purpose of pay required.)	ment (See instructions regarding type of information			to benefit C/OH ••	
roquireu.)	telephone service	Candidate / Officeholder r	name	Office sought	Office held
			-		
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS N	EEDED		

	POLITIO	CAL EXPENDITURES			TONSCHEDULE F
			2004 I	9	
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages	Schedule F:
2	FILER NAME	Phil Hardberger		3 ACCOUNT	# (Ethics Commission filers)
4	Date	5 Payee name		L	7 Amount (\$)
	11.05.04	Cecille Martinez 6 Payee address; City; State; Zip Code			342.18
		1546 W. Magnolia Ave; San Antonio	o, TX 78201		
8	Purpose of pay required.)	 ment (See instructions regarding type of information	9 - Complete if di		to benefit C/OH •• Office sought Office held
		Reimburse campaign supplies			
	Date	Payee name	1		Amount (\$)
	11.15.04	Joan Kearl Payee address; City; State; Zip Code			750.00
		1702 Talcott Dr; San Antonio, TX 78	3232		
	Purpose of pay required.)	rment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder	•	to benefit C/OH •• Office sought Office held
		Consultant services			
	Date	Payee name Janelle McArthur			Amount (\$)
	11.15.04	Payee address; City; State; Zip Code			1,750.00
		PO Box 691422; San Antonio, TX 78	3269		
	Purpose of pay required.)	 ment (See instructions regarding type of information	•• Complete if di	'	to benefit C/OH •• Office sought Office held
		Consultant services			
	Date	Payee name			Amount (\$)
	11.15.04	Rayee address; City; State; Zip Code			1,536.00
		1403 Creek Knoll; San Antonio, TX	78253		ŕ
	Purpose of pay required.)	I ment (See instructions regarding type of information	Complete if di Candidate / Officeholder	•	to benefit C/OH •• Office sought Office held
		Staff payroll			y
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	NEEDED	

ONIO (512) 463-5800 Austin, Texas 7871 Texas Ethics Commission P.O. Box 12070 **POLITICAL EXPENDITURES** SCHEDULE F Total pages Schedule F: The INSTRUCTION GUIDE explains how to complete this form. ACCOUNT # (Ethics Commission filers) 2 FILER NAME Phil Hardberger Payee name Date Amount (\$) Richard Garza 11.15.04 434.75 6 Payee address; City; State; Zip Code 321 E. Melrose #C; San Antonio, TX 78212 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office held Staff payroll Date Amount Payee name (\$) Pam Leissner 11.15.04 Payee address; City; State; Zip Code 469.75 9562 Coolbrook; San Antonio, TX 78250 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office held Staff payroll Date Payee name Amount (\$) Angie Patrick 11.15.04 Payee address; City; State; Zip Code 716.80 10203 Rafter O Trail; Helotes, TX 78023 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Office held Candidate / Officeholder name Staff payroll Date Payee name Amount (\$) Richard Garza 11.15.04 City; State; Zip Code Payee address; 82.62 321 E. Melrose #C; San Antonio, TX 78212

Reimburse expenses

Purpose of payment (See instructions regarding type of information

· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name

Office held

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required.)

P.O. Box 12070

	POLITION	CAL EXPENDITURES	CITY OF SA	IN ANTONIO SLERK	SCHEDULE F
			2005 9	50 10. OC	
	The Instructio	N GUIDE explains how to complete this form.	7004 7/15 1 0	1 Total pages S	Schedule F:
2	FILER NAME	Phil Hardberger		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Payee name Cecille Martinez			7 Amount (\$)
	11.15.04	6 Payee address; City; State; Zip Code			728.36
		1546 W. Magnolia Ave; San Antonio	, TX 78201		
8	Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if di Candidate / Officeholder r	rect expenditure to	benefit C/OH •• flice sought Office held
		Staff payroll			
	Date	Payee name IBC			Amount (\$)
	11.15.04	Payee address; City; State; Zip Code			1,046.68
		130 E. Travis; San Antonio, TX 7820	05		
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r	rect expenditure to	benefit C/OH •• flice sought Office held
		941 payroll tax			
	Date	Payee name Office Max			Amount (\$)
	11.13.04	Payee address; City; State; Zip Code			449.84
		255 E. Basse Rd #1510; San Antonio	, TX 78209		
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	rect expenditure to	benefit C/OH •• fice sought Office held
		Office supplies			
	Date	Payee name Office Depot			Amount (\$)
	11.13.04	Payee address; City; State; Zip Code 321 NW Loop 410#101; San Antonio	TY 78216		1,922.14
		321 1111 Loop 410π101, 3an Antonic	o, 1A 10210		
	required.)	ment (See instructions regarding type of information computers; fax machine	•• Complete if dir Candidate / Officeholder n	rect expenditure to name Off	benefit C/OH •• fice sought Office held
···		ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED	

POLITIO	CAL EXPENDITURES	CITY	OF SAN A CITY CLER	NTORGHEDULE F
The Instruction	N GUIDE explains how to complete this form.	20 9 4 (A To Bipades	Stiffed (1977):
2 FILER NAME	E Phil Hardberger	, , , , , , , , , , , , , , , , , , , ,	3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name ICS	,		7 Amount (\$)
11.15.04	6 Payee address; City; State; Zip Code			568.31
	210 Apperson Ave; San Antonio, TX	78207		
8 Purpose of pay required.)	rment (See instructions regarding type of information	9 • Complete if di Candidate / Officeholder		to benefit C/OH •• Office sought Office held
	telephone connection			
Date	Payee name William Bohmfalk			Amount (\$)
11.15.04	Payee address; City; State; Zip Code			270.00
	125 Abiso; San Antonio, TX 78209			
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder i		to benefit C/OH •• Office sought Office held
Мо	ving campaign office furniture			
Date	Payee name	1.0. 400	***************************************	Amount (\$)
11.16.04	Harold Orosco Payee address; City; State; Zip Code			4,318.62
	PO Box 512; Somerset, TX 78069			1 ,510.02
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder		to benefit C/OH •• Office sought Office held
	Make yard signs			
Date	Payee name			Amount (\$)
11.23.04	Crites Key Service Payee address; City; State; Zip Code			159.20
	321 N. Main; San Antonio, TX 7820	5		
required.)	yment (See instructions regarding type of information	•• Complete if d Candidate / Officeholder	•	to benefit C/OH •• Office sought Office held
ke	eys/ new locks campaign office			
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	IEEDED	

	POLITIC	CAL EXPENDITURES	CITY OF SAN CITY CL		SCHEDU	LE F
			200K 1011 18	AM IO: 0.7		
	The Instruction	GUIDE explains how to complete this form.		1 Total pages S	Schedule F:	
2	FILER NAME	Phil Hardberger		3 ACCOUNT#	(Ethics Commission file)	rs)
4	Date	5 Payee name			7 Amount	
	11.23.04	Aladdin Cleaning Service 6 Payee address; City; State; Zip Code			414.84	
		315 W. Josephine; San Antonio,	ГХ 78212			
8	Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if di Candidate / Officeholder r	rect expenditure to	o benefit C/OH •• Office sought	Office held
		cleaning campaign office				
	Date	Payee name Richard Garza			Amoun (\$)	t
	11.23.04	RICHARU Garza Payee address; City; State; Zip Code			63.01	
		321 E. Melrose #C; San Antonio, T.	X 78212			
	Purpose of pay required.)	rment (See instructions regarding type of information	Complete if di Candidate / Officeholder	irect expenditure t	o benefit C/OH •• Office sought	Office held
		Reimburse expenses				
	Date	Payee name			Amoun (\$)	t
	11.23.04	Jose R. Martinez Payee address; City; State; Zip Code			13.06	
		PO Box 12162; San Antonio, TX 78	3212			
	Purpose of pay required.)	/ment (See instructions regarding type of information	•• Complete if d	irect expenditure t	o benefit C/OH •• Office sought	Office held
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Reimburse expenses	Canada o maria		•	
	Date	Payee name			Amour (\$)	nt
	11.23.04	Gilbert Gonzales Payee address; City; State; Zip Code		, . , .	12.80	
		9223 Peuplier; San Antonio, TX 7	8254			
	required.)	yment (See instructions regarding type of information eimburse parking/expenses	•• Complete if d Candidate / Officeholder		to benefit C/OH •• Office sought	Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS I	NEEDED		

Austin, Texas 78711-2070

	POLITIC	CAL EXPENDITURES	CITY OF SAN AP	VTOHIO K	SCHEDULE F
	The Instruction	GUIDE explains how to complete this form.	2002 AN 18 A	Total pages Si	chedule F:
2	FILER NAME	Phil Hardberger		3 ACCOUNT#	(Ethics Commission filers)
4	Date 11.30.04	5 Payee name Cecille Martinez 6 Payee address; City; State; Zip Code 1546 W. Magnolia Ave; San Ant	onio, TX 78201		Amount (\$) 472.74
8	Purpose of pay required.)	ment (See instructions regarding type of information Staff payroll	9 · · Complete if dir Candidate / Officeholder n	rect expenditure to name Of	benefit C/OH •• fice sought Office held
	Date 11.30.04	Payee name Ampco System Parking Payee address; City; State; Zip Code 112 E. Pecan Box 8; San Antonio, TX	78205		Amount (\$) 140.08
	Purpose of pay required.)	ment (See instructions regarding type of information Staff parking	•• Complete if die Candidate / Officeholder n	rect expenditure to name Of	benefit C/OH •• flice sought Office held
	Date 11.30.04	Payee name Joan Kearl Payee address; City; State; Zip Code 1702 Talcott Dr; San Antonio, TX 7	8217		Amount (\$) 1,500.00
	Purpose of pay required.)	rment (See instructions regarding type of information Consultant services	•• Complete if di Candidate / Officeholder r	rect expenditure to name O	benefit C/OH •• flice sought Office held
10 TO	Date 11.30.04	Payee name Janelle McArthur Payee address; City; State; Zip Code PO Box 6914422; San Antonio, TX	ζ 78269		Amount (\$) 1,750.00
	Purpose of pay required.)	ment (See instructions regarding type of information Consultant services	•• Complete if di Candidate / Officeholder r	rect expenditure to	benefit C/OH •• (fice sought Office held
l		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

P.O. Box 12070

	POLITIC	CAL EXPENDITURES	CITY C	LERK	SCHEDU	LE F
			2002 18 18	AM 10: 07		
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages S	Schedule F:	
2	FILER NAME	Phil Hardberger		3 ACCOUNT#	(Ethics Commission file	ers)
4	Date	5 Payee name			7 Amoun (\$)	t
	11.30.04	Angie Patrick 6 Payee address; City; State; Zip Code			716.80	
		10203 Rafter O Trail; Helotes, 78	023			
8	Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder n	•	o benefit C/OH •• Office sought	Office held
		Staff payroll		100		
	Date	Payee name			Amoun (\$)	it
	11.30.04	Pam Leissner Payee address; City; State; Zip Code			469.80	
		9562 Coolbrook; San Antonio, TX 7	78250			
	Purpose of pay required.)	rment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		o benefit C/OH •• Office sought	Office held
		Staff payroll				
	Date	Payee name			Amoun (\$)	t
	11.30.04	Richard Garza Payee address; City; State; Zip Code			513.10)
		321 E. Melrose #C; San Antonio, T	X 78212			
	Purpose of pay required.)	I ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		o benefit C/OH •• Office sought	Office held
		Staff payroll				
	Date	Payee name			Amour (\$)	nt
	11.30.04	Ken Mireles Payee address; City; State; Zip Code			1,875.5	0
		1403 Creek Knoll; San Antonio, T	X 78253			
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		o benefit C/OH •• Office sought	Office held
		Staff payroll				
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		

	POLITIC	CAL EXPENDITURES	CITY OF S.	AN ANTONIO CLERK	SCHEDULE F
	The Instruction	GUIDE explains how to complete this form.	20047JFH 14	1 Total pages	Schedule F:
2	FILER NAME			3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Payee name			7 Amount
•	11.30.04	IBC City; State; Zip Code			(\$) 1,298.98
		130 E. Travis, San Antonio, TX	78205		
8	Purpose of pay required.)	ment (See instructions regarding type of information 941 Payroll Tax	9 · Complete if d Candidate / Officeholder	irect expenditure t name C	o benefit C/OH •• Office sought Office held
	Date 12.01.04	Payee name Creative Link Payee address; City; State; Zip Code 1148 E. Commerce; San Antonio, TX	X 78205		Amount (\$) 2,544.76
	Purpose of pay required.)	rment (See instructions regarding type of information campaign brochures	•• Complete if d Candidate / Officeholder	irect expenditure t name	o benefit C/OH •• Office sought Office held
	Date 12.01.04	Payee name Liberty Properties Payee address; City; State; Zip Code 215 W. Travis; San Antonio, TX	78205		Amount (\$) 200.00
	Purpose of pay required.)	nument (See instructions regarding type of information December rent	•• Complete if c Candidate / Officeholder	lirect expenditure i	to benefit C/OH •• Office sought Office held
	Date 12.01.04	Payee name Cecille Martinez Payee address; City; State; Zip Code 1546 W. Magnolia Ave; San Anton	io, TX 78201		Amount (\$) 52.90
	Purpose of pay required.)	yment (See instructions regarding type of information Reimburse expenses	•• Complete if of Candidate / Officeholder	lirect expenditure name	to benefit C/OH •• Office sought Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED	

	POLITIC	CAL EXPENDITURES	CITY OF SA CITY C	N ANTONI LERK	0 SCHEDU	LE F
			2004 2 18 18	AM IO: C		
	The Instruction	N GUIDE explains how to complete this form.	1	Total pages	Schedule F:	
2	FILER NAME	Phil Hardberger	3	ACCOUNT #	Ethics Commission filer	s)
4	Date	5 Payee name	<u> </u>		7 Amount	
	12.01.04	Time Warner Cable Business				
	12.01.04	6 Payee address; City; State; Zip Code			85.12	
		PO Box 650734; Dallas, TX 75265				
8	Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if direc Candidate / Officeholder nam		o benefit C/OH •• Office sought	Office held
	DSL	/cable services				
	Date	Payee name			Amount (\$)	
	12.01.04	IBC				
		Payee address; City; State; Zip Code			76.50	
		130 E. Travis; San Antonio, TX 782	05			
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nan		to benefit C/OH •• Office sought	Office held
		941 payroll tax				
	Date	Payee name			Amount (\$)	
	12.02.04	Easy Drive Payee address; City; State; Zip Code		,	307.09	
		906 Ruiz; San Antonio, TX 78207				
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direction Candidate / Officeholder name	•	to benefit C/OH •• Office sought	Office held
	50	00 wood stakes for signs				
	Date	Payee name			Amoun' (\$)	<u></u>
	12.02.04	Henry Farias				
	12.02.04	Payee address; City; State; Zip Code			300.00	
		542 E. Whittier St; San Antonio, TX	78210			
<u> </u>		rment (See instructions regarding type of information	•• Complete if direct			051-1
	required.)	lumber for signs	Candidate / Officeholder nar	me	Office sought	Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED		

2 FILER NAME

Date

12.06.04

required.)

Office held

Office held

POLITICAL EXPENDITURES

The Instruction Guide explains how to complete this form.

Phil Hardberger

Purpose of payment (See instructions regarding type of information

P.O. Box 12070

SCHEDULE F

AM 10: 07 Total pages Schedule F: ACCOUNT # (Ethics Commission filers) Amount (\$)

• Complete if direct expenditure to benefit C/OH ••

Payee name Henry Farias 150.00 City; State; Zip Code 6 Payee address; 542 E. Whittier; San Antonio, TX 78210

required.) Candidate / Officeholder name Office sought labor for signs Amount Date Payee name Merchant Services 12.02.04 47.88 Payee address; City; State; Zip Code

PO Box 6600; Hagerstown, MD 21740-6600

Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Office sought Candidate / Officeholder name Merchant Bank Card fees

Amount Date Payee name (\$) Nancy Scott Jones Public Relations 12.07.04 City; State; Zip Code Payee address; 5,000.00 120 W. Mistletoe #200; San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office held Campaign PR

Amount Date Payee name 3-D Screen Printing/Harold Orosco 12.07.04 City; State; Zip Code 2,879.09 Payee address; PO Box 512; Somerset, TX 78069

Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

yard signs

Office held

POLITIC	CAL EXPENDITURES	CITY CL	ERK	SCHEDU	LE F
CEITI	JAL LAI LINDITORLO	2004 18 N 18	AM 10: 07	3023	
The Instruction	N GUIDE explains how to complete this form.		1 Total pages	Schedule F:	
FILER NAME	Phil Hardberger		3 ACCOUNT	# (Ethics Commission fil	ers)
Date	5 Payee name			7 Amou	nt
12.15.04	Pam Leissner 6 Payee address; City; State; Zip Code			676.62	
	9562 Coolbrook; San Antonio, TX	78250			
Purpose of pay	/ment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office hel
	Staff payroll				
Date 12.15.04	Payee name Angie Patrick Payee address; City; State; Zip Code			Amou (\$) 716.80	
	10203 Rafter O Trail; Helotres, TX	78023	į		
Purpose of parrequired.)	yment (See instructions regarding type of information			to benefit C/OH •• Office sought	Office he
	yment (See instructions regarding type of information Staff payroll	•• Complete if dir			Office he
	Staff payroll Payee name Ken Mireles	•• Complete if dir		Office sought Amou (\$)	nt
required.) Date	Staff payroll Payee name	•• Complete if dir Candidate / Officeholder n		Office sought Amou	nt
Date	Staff payroll Payee name Ken Mireles Payee address; City; State; Zip Code	•• Complete if dir Candidate / Officeholder n	ect expenditure	Office sought Amou (\$)	nt
Date 12.15.04	Staff payroll Payee name Ken Mireles Payee address; City; State; Zip Code 1403 Creek Knoll; San Anton yment (See instructions regarding type of information Staff payroll Payee name	•• Complete if dir Candidate / Officeholder n io, TX 78253	ect expenditure	Amou (\$) 1,875.	nt 50 Office he
Date 12.15.04 Purpose of parequired.)	Staff payroll Payee name Ken Mireles Payee address; City; State; Zip Code 1403 Creek Knoll; San Anton yment (See instructions regarding type of information Staff payroll	•• Complete if dir Candidate / Officeholder n io, TX 78253	ect expenditure	Amou (\$) 1,875. to benefit C/OH ·· Office sought	nt 50
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Date 12.15.04 Purpose of parequired.) Date 12.15.04	Staff payroll Payee name Ken Mireles Payee address; City; State; Zip Code 1403 Creek Knoll; San Anton yment (See instructions regarding type of information Staff payroll Payee name Joan Kearl Payee address; City; State; Zip Code	Complete if dir Candidate / Officeholder n io, TX 78253 Complete if dir Candidate / Officeholder n	erect expenditure	Amou (\$) 1,875. to benefit C/OH •• Office sought	nt 50

กม(<u>ล</u>12) 463-5800 P.O. Box 12070 POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME ACCOUNT # (Ethics Commission filers) Phil Hardberger Date 5 Payee name Amount Janelle McArthur 12.15.04 1,750.00 City; State; Zip Code 6 Payee address; PO Box 691422; San Antonio, TX 78269 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH .. required.) Candidate / Officeholder name Office sought Office held consultant services Date Payee name Amount (\$) **IBC** 12.15.04 1,353.24 Payee address; City; State; Zip Code 130 E. Travis; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held 941 payroll tax Amount Payee name (\$) San Antonio Post 12.20.04 Payee address; City; State; Zip Code 200.00 PO Box 14463; San Antonio, TX 78214 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Office held Candidate / Officeholder name Office sought 1/4 page ad Amount Date Pavee name Payee address; City; State; Zip Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office sought Office held Candidate / Officeholder name ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED